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ABSTRACT

By critically examining a variety of personological and environmental attributes that influence a person's disclosure patterns in individual or group therapy, the paper attempts to present a clearer picture of self-disclosure as a crucial part of the therapeutic relationship. Following a definition, the paper is arranged into eight parts. Part 1 focuses on ways in which different levels of self-disclosure are perceived by others. In part 2, a look at a number of research studies presents evidence validating the value of self-disclosure in therapy. Based on the premise that too much or too little self-disclosure can block progress, part 3 discusses "appropriateness" as a key to effective self-disclosure. Part 4 deals with potential negative or harmful situations for self-disclosure. A look at the literature presents evidence documenting the notion that males disclose less than females (part 5), that racial and cultural factors may influence self-disclosure (part 6), and that age is also related to self-disclosure (part 7). The final section discusses possible effects that therapist self-disclosure may have on client self-disclosure levels. (Author)

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SELF-DISCLOSURE

A Critical Look at Variables Affecting Self-Disclosure Levels in the Therapeutic Relationship

by

Leslie Hendrikson

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Rationale

Self-disclosure appears to be an inescapable element of individual or group therapy. My interest in this element of therapy stems from my own personal questioning of its complexity, its value, and possible harmful effects.

The extreme variation in the amount of self-disclosure different individuals are willing to disclose puzzles me. Yalom's statement, "one must differentiate between a healthy need for privacy and neurotic compulsive secrecy," (p. 362) led me to question my own reluctance to self-disclose in groups.

Another incident which provoked uneasiness on my part was an intimate revelation made by a fellow group member during our laboratory counseling therapy groups. I became concerned about the magnitude of trust she had placed in the group at such an early stage in the group. My concern stemmed from a number of nagging questions such as: (1) how did the other members perceive her? (2) how might her disclosure have helped her? and (3) how might her disclosure harm her?

Because self-disclosure of some sort occurs in all therapeutic relationships, I wanted to understand some of the variables that would maximize the therapeutic value of self-disclosure and minimize any negative or harmful effects. By taking a critical look at a number of research studies, I hoped to gain enough insight on the subject to help me maximize not only my own personal relationships, but also my relationships with prospective clients.

ABSTRACT

By critically examining a variety of personological and environmental attributes that influence a person's disclosure patterns in individual or group therapy, the paper attempts to present a clearer picture of self-disclosure as a crucial part of the therapeutic relationship. Following a definition, the paper is arranged into eight parts. Part 1 focuses on ways in which different levels of self-disclosure are perceived by others. In part 2, a look at a number of research studies presents evidence validating the value of self-disclosure in therapy. Based on the premise that too much or too little self-disclosure can block progress, part 3 discusses "appropriateness" as a key to effective self-disclosure. Part 4 deals with potential negative or harmful situations for self-disclosure. A look at the literature presents evidence documenting the notion that males disclose less than females (part 5), that racial and cultural factors may influence self-disclosure (part 6), and that age is also related to self-disclosure (part 7). The final section discusses possible effects that therapist self-disclosure may have on client self-disclosure levels. (Author)

INTRODUCTION

The closer one investigates the impact of self-disclosure on therapeutic outcomes or variables that might affect self-disclosure, the more complex the picture becomes. There are a number of research studies and reports which treat self-disclosure as a general phenomenon, apart from situational considerations. Separate studies deal with separate variables, presenting a fragmented picture of a complex whole. One study may discuss the effect of client age on self-disclosure, while another might report on sex-differences affecting self-disclosure levels. The purpose of this paper is to critically analyze a variety of personological and environmental attributes that influence a person's disclosure patterns, and integrate them into one comprehensive research-based theme.

DEFINITION

It is only appropriate to begin a discussion about self-disclosure with a definition of what self-disclosure is. Although there are a multitude of definitions, Culbert's (1967) captures the notion that self-disclosure is "personally private" information, which is subject to the control of the member who "owns" the disclosure:

> "Self-disclosure refers to an individual's explicitly communicating to one or more others some personal information that he believes these others would be unlikely to acquire unless he himself discloses it. Moreover, this information must be "personally private"; that is, it must not be of such a nature that it is not something the individual would disclose to everyone who might inquire about it."(p. 358)

Although self-disclosure usually involves a certain amount of risk, it may also serve a number of functions. Derlega & Grzelak (1979) list these possible functions as: (1) expression of feelings, (2) self-clarification of one's beliefs and opinions, (3) social validation, (4) rela-

tionship development, and (5) social control. Self-disclosure may serve one or all of these functions for different individuals.

A look at the research indicates that not only can self-disclosure be a primary factor in the development of interpersonal intimacy (Altman & Taylor, 1973; Derlega & Chaikin, 1975; Jourard, 1971),but it can be used as a clinical tool for effecting therapeutic change (Wright, 1982).

SELF-DISCLOSURE AND INTERPERSONAL COMPETENCE

The literature suggests that not only is self-disclosure situation and person-specific, it is role bound. Considerations must be given to content, participants, relationships between participants, and a variety of other factors. In their studies of the effects of self-disclosure and sex on perceptions of interpersonal communication competence, Brunner & Jones (1982) concluded that perceptions of interpersonal competence are significantly affected by the disclosers level of disclosure. In this study, people disclosing high levels of intimate information were perceived as less competent than people disclosing low or medium levels of information. Similarly, by varying levels of disclosure to experiential subjects, Gilbert (1976) found that the high discloser was liked less, perceived as behaving more inappropriately, and made subjects feel more uncomfortable than the low discloser. In another report, Dalto, Ajzen, and Kaplan (1979) reported that the nature of self-disclosure was the key - disclosure of desireable information was seen to result in greater attraction than disclosure of undesireable information.

The above findings vary somewhat from a study done by Yalom, Houts, Zimerburg, and Gilula (1975). In this study of forty group

therapy patients, patients elected as most popular by other members (at the sixth and twelfth week of therapy) had significantly better therapy outcomes than the other members (Yalom, 1975). Yalom's suggestion that there is a tendency for patients who are high disclosers in earlier sessions to assume high popularity in their groups seems to contradict the above findings.

THE VALUE OF SELF-DISCLOSURE

There is much research evidence validating the importance of self-disclosure in group therapy. In his comparison of successfully treated group therapy patients with unsuccessfully treated patients, Peres (1967) demonstrated that successfully treated patients in group therapy made almost twice as many self-disclosing personal statements during the course of therapy as did unsuccessfully treated patients. In another study by Liebernas, Yalom, and Miles (1973) findings indicated that individuals in encounter groups who had negative outcomes revealed less of themselves than other participants. Brunner and Jones (1982) summarize additional supporting research concerning positive personal attitudes and willingness to self-disclose:

> "Willingness to self-disclose has been reported to be related to personal health, satisfaction, successfully working with others, and being understood by others (Pearce & Sharp, 1973); higher ratings of social skills (Chelune et al., 1980); and likeability (Halverson & Shore, 1969). Self-disclosure has also been associated with feeling good (Prisbell & Anderson, 1980) and with demonstrating interpersonal flexibility and openness (Halverson & Shore, 1969).

Gazda (1977) stresses the value of self-disclosure as a technique for getting through different stages of group development. Gazda emphasizes the value of self-disclosure when helpees begin to "spin their

wheels." At this point, Gazda suggests implementing the dimensions of concreteness, genuiness, and self-disclosure.

Archer and Stephenson (1983) have suggested that emotional empathy might strongly boost the relationship between intimate disclosures and attraction from the discloser. Since intimate self-disclosures frequently involve the disclosure of negative experiences, facts, and events, emotional empathy on the part of the helper may have important consequences for the helpee. In their study to investigate this hypothesis, Archer and Stephenson reported that high empathy subjects perceived greater differences in intimacy and interpretated them as attraction from the discloser. Interestingly, however, the intimacy of the disclosure did not affect their attraction to the discloser as predicted, although they did like the discloser better than low empathy subjects regardless of intimacy levels.

Despite this growing body of empirical evidence about the positive value of self-disclosure, we must remember that we are dealing with two concepts that are difficult, if not impossible to accurately measure. When we begin to compare "successfully" treated patients with "unsuccessfully" treated patients, we must first assume that we can really tell when someone is "successfully" treated, and then be able to tell if they are making twice as many or more intimate disclosures because they are being successfully treated or if the disclosures themselves are related to their success in treatment. As for individuals in encounter groups who had "negative" outcomes, it is quite possible that encounter groups are not benefical to certain people and that low self-disclosure levels are unrelated to negative outcomes. Perhaps the situation itself triggered

low self-disclosure levels and/or negative outcomes. It is important that we look to research to answers, but at the same time keep a perspective on the "measurability" of such phenomenon in the behavioral sciences.

APPROPRIATENESS OF SELF-DISCLOSURE

In my review of the literature, it became increasingly apparent that self-disclosure could be positive or negative, and too much or too little. The positive and negative effects of self-disclosure seem to have something to do with "appropriateness." When we talk about "appropriateness" we allude to social and cultural roles - things that are O.K. or not O.K. in our society. It is my opinion that the therapeutic value of self-disclosure is culture-bound, age-bound, sex-bound, and situation and person specific, thus the difficulty in really assessing its therapeutic value.

May and Thompson (1973) support the notion that either too much or too little self-disclosure can block progress in an individuals own personal development. Because of the abundance of literature supporting the value of self-disclosure, it is easy to misunderstand the low self-discloser. Some individuals are more private in an adaptive way. Although they might shudder at the thought of self-disclosure in a group, they may share intimacies with only a few intimate friends or enjoy private self-contemplative activities (Yalom, 1975). Low self-disclosure is not always based on fear, shame, or crippling social inhibitions. Thus, the inexperienced, overzealous group leader must be able to restrain their need for drama and allow members to disclose at their will. In one statement, Yalom (1975) states that the group leader must inform the patient that sooner or later he will have to share important "secrets" which involve some central aspect of his life. However, in the very next statement, Yalom agrees that the group is not a "forced confessional" and that members should set

their own pace of disclosure. Of these two statements, the latter is more supportive of my philosophy. I hold this view in light of what is presented in the next section concerning the possible negative effects of self-disclosure in therapy.

WHEN CAN SELF-DISCLOSURE BE NEGATIVE OR HARMFUL?

There is some evidence indicating that self-disclosure does not always lead to interpersonal intimacy. In the words of Derlega and Chaikin (1980):

> "... disclosure may serve a positive function, i.e., to improve a relationship,... but (it) may also be inappropriate when it elicits withdrawal and rejection." (p. 7)

Chelune concluded from past research that inappropriate self-disclosure, such as intimate or negative self-disclosure to a stranger is related to lonliness and may be emotionally unhealthy. (Chelune et al., 1980)

Yalom (1975) has commented several times on situations when intimate self-disclosure can be negative or harmful. He contends that members who reveal early and "promiscuously" will often drop out early in the course of therapy. In addition, he warns that if a helpee reveals too much too early, he/she may feel so much shame that any interpersonal rewards are offset. In this case, the discloser may threaten others willing to support them but not yet prepared to reciprocate.

In group therapy, a trusting relationship between the therapist and clients and between group members themselves enhances trust, risk-

taking, self-disclosure, feedback, and working through problems (Yalom, 1975). When this trusting relationship does not exist, self-disclosure may be discouraged by a general atmosphere of judgementalism. One of the most destructive events that can occur in a group is for members to use personally sensitive information against one another in times of conflict.

Truax and Carkhuff (1967) commented on the dangers of helpees choosing to be concrete, genuine, and self-disclosing to persons who are incapable to helping them. In this case, the helpee becomes disillusioned or hurt and the "helping" situation is for the worse.

In one study, the effects of group structure on member anxiety, group cohesion, and quality of interpersonal interaction were assessed during a group session. Although initial structure was associated with increased levels of self-disclosure in group meetings, the effects of structure dissapitated over time (Crews & Melnick, 1976) The degree in which structure affects self-disclosure levels is one area of disagreement among group leaders. However, certain formats are seen as more conductive to self-disclosure than others. One undesireable format occurs when members proceed by turns. The problem with this is that members may be forced into premature self-disclosure with consequent humiliation at future meetings (Yalom, 1975).

Too little self-disclosure can result in the clients limiting his opportunity for reality testing. He loses out on the chance for valid feedback and close relationships (Yalom, 1975). Appropriate self-disclosure can be a growth opportunity and the low self-discloser who avoids the risks of self-disclosing conceivably loses out on any possible benefits. Rather than too little self-disclosure being "negative" or "harmful", I see it as almost neutral - a no win, no gain situation. In contrast, too much disclosure stands to gain a lot or lose a lot.

THE EFFECTS OF SEX DIFFERENCES ON SELF DISCLOSURE

Several researchers have come to the conclusion that males disclose less than females. One interesting claim is that homophobia (fear of homosexuality) is significantly related to lower levels of intimate self-disclosure between men. A self-disclosure questionaire and a homophobia index were completed by 305 college students to test this notion. Females in this study proved to be more disclosing to best friends of the same sex than did males. Males were consistently more disclosive to the opposite sex than to the same sex for both friends and acquaintances than were females. However, the study was unable to prove the notion that homophobic males view intimate self-disclosure as a homosexual act and thus avoid it (Edgar, 1983). My reaction to this study is that one needs only to look at our social constructs to understand the tendency for men to be less self-disclosive. From childhood on, males are encouraged to be strong, verbal, unemotional, and independent.

In Brunner and Jone's previously mentioned study (1982), the effects of sex on perceptions of interpersonal communication competence were also measured. Their finding that females tend to be more intimately disclosing than males is well-documented in other studies. Chelune (1981) indicates that observer's consistently underestimated the actual amount of female's self-disclosing behavior, while overestimating that of males. Brunner and Jones again nicely summarize a number of research findings in the following statement:

> "Several studies have concluded that males are more reluctant to reveal intimate information about themselves than are females. (Jourard, 1971; Morgan, 1976; Chelune, 1976; Gilbert, 1976; Pellegrina, Hicks, Meyers-Winston, and Antal, 1978; Lombardo & Berzonsky, 1979; DeForest & Stone, 1980). Males have been perceived as better adjusted (Derlega & Chaikin, 1976) and more likeable (Chelune,

> 1976) when they engage in little or no self-disclosure, while females are seen as better adjusted or more likeable when they do self-disclosure..." (Brunner & Jones, p.7)

I included this synthesis of research findings to emphasize the vast amount of substantiated research done on this subject. In a way, most of the studies seem to back up what most of sense to be true merely from casual observation of life.

RACIAL AND CULTURAL FACTORS

Having lived in a third world country and travelled to a number of foreign countries, my hunch was that self-disclosure must be culture-bound-judging from my observation of the variations in willingness to self-disclose personal information from one culture to the next. Wright (1982) supports this notion in his writing about differences in self-disclosure patterns between black clients and black peers and between black clients and white therapists. Wright stresses the importance of white therapists becoming aware of their assumptions concerning various racial groups. Helping the black client feel comfortable disclosing may require the therapist's encouragement to disclose using familiar language style. The therapist should also make sure the black client understands the parameters which exist in a therapeutic relationship (Wright, 1982). Any time a white therapist finds himself working with an ethnic minority, he/she must try to maximize the level of trust the client has for him/her. For some minority members, trust can and will develop; for others, trust for a white man/woman, (thus self-disclosure) will remain at a bare minimum.

AGE AND SELF-DISCLOSURE

Contrary to expectation, the amount of self-disclosure increases with

age across all situations. In one research study, older groups most often chose a friend as a target for disclosure while younger groups chose their mothers. Children steadily move away from egocentric thought and acquire more effective personal skills as they age. At puberty a new egocentricism makes self-disclosure difficult (Pramuk & Donner, 1982). This of course, has implications for those counseling adolescents.

The age of the therapist can also be a potential variable affecting self-disclosing behavior. In one study (Somerville, 1980), researchers set out to test their prediction that a subject's self-disclosing behavior would be differentially affected by the therapists age or level of self-disclosure. Findings suggest that older adults tend to disclose at a higer level when interviewed by a therapist of their relative age.

This brings us to an extremely valid area of consideration. The level and type of therapist disclosure can have a profound impact on group member's levels of disclosure. The final section of the paper will focus on this phenomenon.

EFFECTS OF THERAPIST SELF-DISCLOSURE

One of the most consistent findings concerning self-disclosure has been that intermediate levels of therapist self-disclosure result in a greater level of client self-disclosure than too little or high levels of self-disclosure. (Simonson, 1976; Simonson and Bahr, 1974). One factor here might also be the type of therapist self-disclosure. In one study it was reported that under conditions in which subjects heard a therapist

offer impersonal comments about his past (demographic disclosure), the level of subject disclosure to the therapist was greater than that of subjects who heard non-disclosing therapists. Subjects who heard a therapist disclose both personal and impersonal comments about his past (personal disclosure) disclosed at significantly lower levels than subjects exposed to the therapist's demographic disclosure. (Simonson & Apter, 1969).

In another study (May & Thompson, 1973), which focused on the relationship of therapist self-disclosure, mental health, and helpfulness as perceived by group members, perceptions of group leader self-disclosure, mental health, and helpfulness were all positively correlated.

In a research study by Robert R. Dies (1973), clients from 10 different psychotherapy groups evaluated their leaders on a self-disclosure scale and a set of bipolar adjectives.

> "Self-revealing therapists were judged as more friendly, disclosing, trusting, intimate, helpful, and facilitating (Factor 1), but also as being less relaxed, strong, stable, and sensitive (Factor 2). A positive relationship was found between the length of time a client had been in a therapy group and the favorability of attitudes toward therapist self-disclosure." (p. 344)

Although therapist self-disclosure during the initial sessions of a group may generate concern and dissatisfaction among group members, as the group becomes more cohesive and intimate, members tend to become more capable of accepting openness on the part of the therapist. I agree with Simonson and Bahrs (1974) explanation that this phenomenon is due to client expectations about what is acceptable and appropriate behavior from a professional in the counseling profession. Many people who are unfamiliar with counseling psychology as a profession fully expect a rather aloof, "doctor-ish" professional who has the wisdom to make them better. When they encounter a sensitive, "humane," and highly self-

disclosive therapist, they can't help but wonder, "how is he/she so different from me?" or "how can someone with experiences so like my own have the wisdom to help me?"

Gazda (1977) tends to be more supportive of therapist self-disclosure. He maintains that if it is appropriate or relevant to the helpees problem, self-disclosure can lead to a greater closeness between helpers and helpees. Gazda explains that if the helper has had a concern similar to that of the helpee and has found a solution to the problem, that this can be very reassuring to the helpee. Gazda also warns, however, that when helper self-disclosure is premature or irrelevant to the helpees problem, it tends to confuse the helpee or put the focus on the helper.

Yalom's (1975) comment is that individuals disclose different types and amounts of material depending on who the helper is - different levels of self-disclosure are contingent upon whether the receiver is a mother, father, best male friend, female friend, work associate, or spouse. This of course, is the point of this paper - to examine all of these kinds of variables and present them as a complex whole.

CONCLUSION

To conclude this paper, it should be stressed that while research and empirical evidence are valuable in giving us insight and justification for our techniques and strategies, we will never be free of our "intuition" - as appalling as the word "intuition" can be to some members of the profession. Ideally, a good empirical foundation of knowledge can develop into more intelligent intuition or common sense when it comes to qualitative decisions such as when self-disclosure is "appropriate"

or how much is "too little" or "too much." The research seems to agree that is is the qualitative variables rather than the quantitative variables that are the key to maximizing the therapeutic value of self-disclosure in individual or group therapy.

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